

Provider Inspection Summary
For the period 01/01/2003 to 12/31/2005
Residential Care Apartment Complex
CERTIFIED

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HOWARD VILLAGE (0010322)
Address: 2500 E HOWARD AVE, ST FRANCIS, WI 53235
License Status: REGULAR
Licensed/Certified/Registered 08/01/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093913 **End Date:** 01/10/2005 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093513 **End Date:** 07/14/2004 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091837 **End Date:** 10/20/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #800126 Served 01/23/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	04/27/2004	Yes
89.23(3)(f)	SERVICES	04/27/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 06/23/2004

Date Investigation Completed: 01/06/2005

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/19/2004

Date Investigation Completed: 07/14/2004

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/16/2003

Date Investigation Completed: 11/19/2003

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

SUBSTANTIATED

800126

NUTRITION & FOOD SERVICES

SUBSTANTIATED

800126

MEDICATIONS

NOT SUBSTANTIATED

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